

Super Saver Cinema
October 13, 1999
Page Two

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before October 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#99390v1

009133



SUPER SAVER CINEMA 8

FOREST FAIR MALL

601 Forest Fair Drive
Cincinnati, Ohio 45240

Office (513) 671-9706

Fax (513) 671-8516

10/16/99

Mr. Ward,

Here is the material I found in the file of
Lee Ward in the file storage room of the theatre
I do not, however, consider myself the 'Custodian of records'
for the company.

Sincerely

Daniel Stegalaenz
General Manager

009134



SUPER SAVER CINEMA 8

FOREST FAIR MALL

REPORT OF DISCIPLINARY ACTION

EMPLOYEE NAME: Lee Moore

DATE: 9-12-92

SSN:

Foot + Fin

THEATRE

1622
CITY

1874-5

YOU ARE HEREBY REPRIMANDED FOR THE FOLLOWING REASON(S):

- Attitude (Explain Fully)
- Smoking in Unauthorized Area
- Leaving Work Station Unattended
- Unsatisfactory Work Performance (Explain Fully)
- Failure to Wear Proper Attire
- Misconduct (Explain Fully)
- Exceeding Break Time
- Eating or Drinking while in view of customers.

- Improper Use of Time Clock
- Unreported Absence
- Violation of Company Policy (Explain Fully)
- Refusal to Follow Instructions (Explain Fully)
- Refusal to Accept Schedule Change
- Unauthorized Use of Telephone
- Tardiness
- Other (Explain Fully)

DETAILED EXPLANATION: He failed to attend a scheduled employee meeting. Gave no notice of absence.

(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

EMPLOYEE STATEMENT

I agree with the above statement.

I disagree with the above statement (Explain)

EMPLOYEE'S SIGNATURE

Free ~~Time~~ DATE 9-12-92

Has there been any prior warning or disciplinary action? Yes No

If yes, Explain: _____

Summary of Warning Statement given to employee or Disciplinary action taken:

Witness: Robert P. Miller Manager's signature: Robert P. Miller

009136



00/01/1992 WE CEASED TO EMPLOY
(LAST DAY WORKED)

EMPLOYEE'S NAME Lee M. Corp 2. SOCIAL SECURITY NO.

.. State any other name(s) under which employee worked.

EMPLOYED SINCE August 13, 1992

AS Concessant

REASON FOR SEPARATION (Check Reason and Provide Detailed Explanation if Required).

a. Lack of Work b. Voluntarily Quit
(Explain below) c. Discharged
(Explain below)

ther than lack of work, state fully and clearly the circumstances of and reasons for the separation:

Lee failed to show up at an employee meeting
scheduled for 9-12-92, for which ~~he~~ was reprimanded
writing. On the afternoon of 9-16-92 Lee called
sick w/ only a 2 hour notice. ~~He~~ was supposed to
a have at 5:30 P.M. and called at 7:30 P.M. The shift \Rightarrow
(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

AS EMPLOYEE PREVIOUSLY WARNED OR COUNSELED? YES NO N/A

EMPLOYEE RECEIVED: WAGES IN LIEU OF NOTICE SEPARATION PAY VACATION PAY

NAME: Walter S. Foster

ESS: 601 Forest Fair Avenue TELEPHONE (513) 671-9706

FORWARD FEE: STATE: OHIO ZIP: 45240

ERTIFY THAT THE ABOVE WORKER HAS BEEN SEPARATED FROM WORK AND THE INFORMATION
ISHED THEREON IS TRUE AND CORRECT. THIS REPORT HAS BEEN HANDED TO OR MAILED
HE WORKER

Completed and Released to Employee:

BY:

SIGNATURE OF OFFICIAL FOR THE EXHIBITION OF SUPER SAVER CINEMAS WHO HAS
FIRSTHAND KNOWLEDGE OF THE SEPARATION.

TITLE OF EASY SIGNING SYSTEM

NOTICE TO EMPLOYEE

MUST TAKE THIS NOTICE TO THE EMPLOYMENT SECURITY CLAIMS CENTER IF YOU FILE A CLAIM UNEMPLOYMENT INSURANCE BENEFITS.

EMPLOYEE COPY IN THEATRE FILE ORIGINAL TO HOME OFFICE

009137

**SUPER SAVER CINEMA
SEPARATION NOTICE**



ON 1-1, 1993 WE RELEASED TO EMPLOY
(I WORKED)

1. EMPLOYEE'S NAME LEE B. OGLE 2. SOCIAL SECURITY NO.

a. State any other name(s) under which employee worked.

3. EMPLOYED SINCE 8-13-92 AS 15462

4. REASON FOR SEPARATION (Check Reason and Provide Detailed Explanation if Required)

If other than lack of work, state fully and clearly the circumstances of and reasons for the separation.

REMINIC - NOT ELIGIBLE

(IF MORE SPACE IS NECESSARY, CONTINUE ON THE BACK)

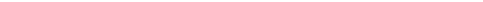
5. WAS EMPLOYEE PREVIOUSLY WARNED OR COUNSELED? YES NO N/A

6. EMPLOYEE RECEIVED: WAGES IN LIEU OF NOTICE SEPARATION PAY VACATION PAY
IN THE AMOUNT OF \$ for period from to

THEATRE NAME: FCBEST FAIR SUPER SAUR

ADDRESS: 601 FORT FAIR OR PO BOX 24 TELEPHONE (513) 671-9706

CITY: FCRST STATE: OHIO ZIP: 45240

I CERTIFY THAT THE ABOVE WORKER HAS BEEN SEPARATED FROM WORK AND THE INFORMATION FURNISHED THEREON IS TRUE AND CORRECT. THIS REPORT HAS BEEN HANDED TO OR MAILED TO THE WORKER. 

Date Completed and Released to Employee:

1-17-93

BY: James S. Johnson
SIGNATURE OF OFFICIAL OR EMPLOYEE OF SUPER SAVER CINEMA WHO HAS
FIRST-HAND KNOWLEDGE OF THE SEPARATION.

MANAGE
TITLE OF PERSON SIGNING

NOTICE TO EMPLOYEE

YOU MUST TAKE THIS NOTICE TO THE EMPLOYMENT SECURITY CLAIMS CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

COPY TO EMPLOYEE COPY IN THEATRE FILE ORIGINAL TO HOME

009138



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

FAX HEADER

CAUTION - CONFIDENTIAL

THIS DOCUMENT IS BEING TELECOPIED TO YOU AND MAY CONTAIN INFORMATION PROTECTED BY ATTORNEY-CLIENT OR WORK PRODUCT PRIVILEGES.

This document which follows is only intended for the person to whom it is addressed. If you are not the intended recipient or authorized agent, then this is notice to you that dissemination, distribution or copying of this document is prohibited. If this document is received in error, please call the sender at once and destroy the document.

DATE: Nov 24, 1999

TO: Dr. David Chiappone (Fax: 513-352-1345)

FROM: Jessica H. Love

TOTAL NUMBER OF PAGES BEING FAXED (INCLUDING HEADER): 4

CONFIRM FAX RECEIVED TO: _____

RE: _____



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

November 24, 1999

Central Psychiatric
Community Diagnostic & Treatment
909 Sycamore
3rd & 4th Floors
Cincinnati, Ohio 45202

Attention: David Chiappone, Ph.D.

Re: State of Ohio v. Lee E. Moore

Dear Sir:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all psychiatric records regarding **Mr. Moore**. These records should include, but are not limited to:

Psychiatric

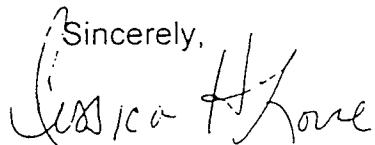
- date(s) of evaluation;
- tests administered;
- interview reports;
- case notes;
- collateral information used, i.e., medical reports, school records, interviews with friends and/or family, etc.;
- diagnosis;
- prognosis;
- recommendation for treatment and/or placement.

Central Psychiatric Community Diagnostic & Treatment
November 24, 1999
Page Two

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before December 3, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,


Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#102094v1

009141



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: Central Psychiatric
Community Diagnostic & Treatment
909 Sycamore

RE: State of Ohio v. Lee E. Moore
DATE: 11/24/99

3rd & 4th Floors
Cincinnati, OH 45202

You are hereby authorized to release to the Office of the Chic Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

WITNESS:

Concetta K. Moore

Lee E. Moore
Client's Signature

009142



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

Date Rec'd

1st Follow-up

2nd Follow-up

November 17, 1999

Tryed Stone Baptist Church
5550 Reading Road – Bond Hill
Cincinnati, Ohio 45237

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing Lee E. Moore in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent Mr. Moore we are requesting that you provide us with any and all *church records* regarding Mr. Moore. These records should include, but are not limited to:

Church

- church membership dates;
- baptismal records;
- congregational/stake records;
- tithing records;
- offices held;
- organizations he was involved in;
- other special circumstances regarding our client.

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

009143

Tryed Stone Baptist Church
November 17, 1999
Page Two

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before November 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#101630v1

009144



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 722-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: Tryed Stone Baptist Church
5550 Reading Road - Bond Hill
Cincinnati, OH 45237

RE: State of Ohio v. Lee E. Moore

DATE: 11/17/99

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

WITNESS.

Willa C. Tore

George Morris
Client's Signature



Tryed Stone Missionary Baptist Church

5550 Reading Road *** Cincinnati, Ohio 45237

Anderson Culbreath, Sr. Pastor, DD

Church Office (513) 631-9164

Pastor Office (513) 631-9032

December 17, 1999

Dear Jessica H. Love,

Lee Moore, Jr. comes from a religious family who have been members of this church for many years.

Lee Moore, Jr. was baptized March 6, 1983, he attended our Bible Study Classes with regularity, and song in our youth choir. He was a model member highly regarded by his peers.

Apart from his church membership I have personally known him all of his life. He was always well mannered, and well groomed. He was an individual of promise and purpose, an exceptionally fine young man.

Sincerely,


Anderson Culbreath,

Pastor

AC:wj

009146



Office of the Ohio Public Defender

8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

November 24, 1999

Orthopedic Diagnostic & Treatment Center
10475 Reading Rd Evndl
Cincinnati, Ohio 45241

Attention: Records

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing Lee E. Moore in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent Mr. Moore we are requesting that you provide us with any and all medical records regarding Mr. Moore. These records should include, but are not limited to:

MEDICAL

- admission and release dates;
- presenting problems, diagnoses, treatment plans
- and attending physicians' names'
- referrals, if applicable;
- prescriptions;
- testing and test outcomes including: X-rays,
- psychological evaluations, urine
- tests, blood tests, CAT scans, etc.

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee and Georgia Moore.

009147

Lee Moore

SS#: [REDACTED]

Place of Service: Oak

Follow-up:

Office Visit: 2/26/98

DIAGNOSIS: Left shoulder impingement.

The patient returns and is doing much better. The Naprosyn gave him a rash, so he stopped taking it. The Daypro does not bother him though. The rash is not itching and it is clearing up.

Examination shows minimal impingement with a mildly positive drop arm, but he says he can tolerate this level of discomfort.

I left him on the Daypro, 600 mg. tablets, 2 q.d. p.c., dispense 60 with two refills. I will see him p.r.n.

Clyde Henderson

Clyde E. Henderson, M.D.

Fellow American Academy of Orthopaedic Surgeons

CEH/md

(Dictated but not read to prevent delay)

009148



Orthopaedic Diagnostic and Treatment Center
Clifton Sports Medicine

Errol J. Stern, M.D.
Clyde E. Henderson, M.D.
Thomas E. Shockley Jr., M.D.
Jeffery L. Stambough, M.D.
BOARD CERTIFIED

January 22, 1998

Kent Robinson, M.D.
1621 Dexter Ave.
Cincinnati, OH 45206

RE Lee Moore

Dear Dr. Robinson:

Today I had the opportunity to evaluate Mr. Lee Moore. My assessment of this visit is as follows.

The patient has a diagnosis of left shoulder impingement syndrome and degenerative joint disease of the left AC joint. My recommendations are subacromial injection, Depo Medrol and Carbocaine and Naprosyn, 500 mg. tablets one twice a day after meals, dispense 60, one refill. I will see him again in five weeks. Impingement exercises were also provided.

The patient presents with a three months history of pain in both shoulders, left is the one of major concern. It bothers him at night. He has trouble sleeping at night because of the achiness in his left shoulder. He complains that he has some numbness and tingling of both hands. He had some previous carpal tunnel surgery but never got rid of the numbness that he was experiencing. The left shoulder examination shows positive drop arm and negative Yergason. There is tenderness over the anterior aspect of the left shoulder with some mild soft tissue swelling and minimal prominence of the AC joint on the left. There is diminished range of motion as abduction was to 120° versus 135° forward flexion. Internal external rotation is symmetrically normal. Drop arm test is mildly positive as the patient demonstrates a lot of quivering as we were trying to get him to resist on a drop arm test. Impingement test was markedly positive and x-rays of the left shoulder showed normal acromial humeral distance but the AC joint is narrowed and spurred inferiorly. He has a c-shaped acromion type C. There are no soft tissue calcifications noted.

Thank you for the opportunity to provide orthopaedic care to your patient. If you have any further questions, please do not hesitate to contact my office.

Sincerely,

Clyde E. Henderson, M.D.

Fellow American Academy of Orthopaedic Surgeons

CEH:cw

(Dictated but not read to prevent delay.)

PATIENT OFFICE NOTES

MOORE, LEE SR. 49493

02/22/96 SEEN BY HENDERSON AT OAK: HIPS ARE DOING REASONABLY WELL WITH THE RELAFEN. HE IS HAVING NO SIDE EFFECTS OF THE RELAFEN. HE BASICALLY WANTS TO TAKE IT ON PRN BASIS AND I CONCUR WITH THIS. THERE IS PAIN ON ABDUCTION IN BOTH GROINS. HE HAS 0 INTERNAL ROTATION ON THE RIGHT AND 10 DEG ON THE LEFT. HE SEEMS TO BE TOLERATING HIS MEDICATION REASONABLY WELL WITHOUT SIDE EFFECTS. RECOMMENDED CONT RELAFEN 750MG TABS #60 2 QD PC WITH 3 REFILLS. I WILL SEE HIM IN 4-5 MOS. HE CAN TAKE THE RELAFEN ON PRN BASIS. IF HE IS TAKING IT CONTINUOUSLY WILL NEED TO WORK HIM UP FOR SIDE EFFECTS ON RTN VISIT. TM

7-11-96 O/C

009150